verting to Dr. Wiglesworth's figures, which give an hereditary taint of insanity in 28.1 per cent, or 965 out of 3,445 patients, it is found that the sexes exhibit a difference. Of these 965 patients, 419 were males and 546 females; and a simple calculation of these numbers in relation to the separate totals of male and female patients investigated in the report shows that the percentage of hereditary taint was 24.74 for male patients, and 31.16 for females. This striking difference has an interest which is enhanced by the fact that it harmonizes with the records of previous investigators, almost all of whom have found a higher percentage of hereditary taint among the female patients than amongst the male. Thus Thurnam gives a percentage of 32.82 for the males and 35.48 for the females; Grainger Stewart gives 48.56 for males and 51.05 for females; while Farquharson gives 27.4 per cent for males and 34.16 per cent for females. The conclusion has hence been drawn that the female sex has a greater liability to suffer from hereditary insanity than the male. It has been suggested that the female sex has to pass during life through physiological crises—puberty, pregnancy and the parturition, lactation, and the menopause—which constitute periods of danger, and which are prone to evoke into activity any latent hereditary taint of insanity, whereas in the male sex such danger is over. when the age of sexual maturity (25 years) is attained. It appears, however, that certain forms of insanity, to be mentioned later, are more often acquired in the lifetime of the individual in males than in females, and that when these are excluded the difference between the sexes as regards the hereditary incidence of insanity it not so marked.

HOW NOT TO BE NERVOUS. Hugh T. Patrick (Journal American Medical Association, February 7, 1903).

For preventing nervousness in the child or removing that already present, nothing is so effective as the toughening of the body and mind. A child with hard muscles, strong lungs and a vigorous digestion, who can bear changes of temperature and endure pain is already a long way from nervousness. More important is the "toughness of the psychic fiber." The child who can support disappointment, who can be "crossed" without a tantrum, and who habitually obeys is building a bulwark against "nerves." Beside premature entrance into society and magnifying the importance of a child in the family, harm is done by allowing the child to experience fear, usually started by suggestions of parents, or nurses. The writer shows that overwork seldom causes nervousness, but the lack of work, misplaced energy, or worry and indecision surely causes it. Overrating one's natural ability and failure to appreciate the limit of intellectual and physical power surely develops nervous conditions sooner or later. W. B. NOYES.

THE DIAGNOSTIC SYMPTOMS OF TUMORS OF THE BRAIN. J. Arthur Booth (Medical Critic, February, 1903).

Of the general symptoms of brain tumor, headache, vomiting, vertigo, mental dulness and optic neuritis, headache is the most frequent and distressing; but unless associated with other general symptoms it is not of much diagnostic importance. Localized pain with tenderness on pressure suggests that the tumor is superficial. Vomiting without obvious cause at irregular intervals is a common and distressing symptom. Vertigo is common, especially in lesions of the cerebellum or base of the brain. Double optic neuritis is the most important symptom, without which a positive diagnosis is difficult. The group of localizing symptoms is important, especially motor symptoms. Of cases reported by the writer, the first at operation showed a large superficial sarcomatous mass at the upper part of the left anterior central convolution. This had caused double optic neuritis, epileptic attacks, the spasm at first limited to the big toe of the right foot, but later involving the arm and leg of the same side; no loss of consciousness; blurring of vision and later blindness of the left eye. Headache and vomiting were late symptoms.

In the second case an operation yielded a sarcoma in the facial center of the left motor zone. The symptoms had been pain in the head, and recurring spasmodic twitchings of the right cheek and neck, not involving the arm. Speech was wholly abolished at such times. Later the right hand became somewhat affected. Paralysis of the lower facial muscles of the right side was developed; double optic neuritis; increased knee jerk on the right side; pain and tenderness over the motor zone.

In the third case, a mass about the size of a hen's egg was removed from the left frontal lobe. This had caused attacks of general convulsions and unconsciousness; progressive failure of vision, severe headache, chiefly in the temples; poor memory and other mental symptoms; no special paralytic symptoms; double optic neuritis; deficient sense of smell on the left side, a prominent and tender swelling just back of the external angular process of the frontal bone.

The fourth case at autopsy revealed a large round cell sarcoma, completely filling the right ventricle and extending over into the left. The corpus callosum and fornix anteriorly were invaded. The symptoms had been a persisting frontal headache, morning vomiting, failure of vision and double optic neuritis; equilibrium poor, with a tendency to fall to the left side. Visual illusions due to a varying hemianopia were noted. Later, fainting or epileptic attacks, loss of sense of smell, paralysis of the left external rectus, diminished hearing on the left side; left hemiplegia and blindness. Mental stupidity, coma and death sixteen months from the onset.

In the fifth case, at autopsy a large nodular growth three inches long was found extending into the right lobe of the cerebellum. This extended also into the fourth ventricle, pushing the medulla to the left and pushing on the right crus of the cerebellum. The symptoms had been progressive malaise, headache, recurring vomiting, mental dulness, irritability, stiffness of the neck. Slight paresis of the right external rectus, no reaction of the pupils to light, marked sensitiveness to touch all over the head. Later optic neuritis and well-marked convulsions; dimness of vision. Five months later complete blindness, semi-coma, paralysis of right side of face, partial paraplegia, bulbar symptoms. W. B. NOYES.

EPILEPSY. Its Psychopathology and Medico-Legal Relations. H. A. Tomlinson (Journal American Medical Association, Jan. 17, 1903).

The more rapid the mental reduction after the establishment of the convulsive habit the greater the psychic perversion and the more frequent those manifestations of mental aberration which belong to the epileptic, the post-convulsive furor and automatism. The study of these maniacal outbursts indicates that they are the response to the impelling suggestions of unreasoning fear, following vivid hallucinations, usually visual but sometimes auditory. Or, in cases where there is much mental reduction, it is the expression of brutal impulse to wanton cruelty in response to the gross irritation of the convulsive seizure. Sometimes these outbreaks, especially in the procursive form, are mere "running amuck" without regard to anything which comes in the way and with no purpose. Epileptic automatism implies a less degree of mental reduction and the persistence of considerable intellectual capacity. The persistence of automatism after the convulsion constitutes what is known as double consciousness. At such times a return to original or concealed traits of character or family traits will occur. The term psychic epilepsy has no real significance because it implies a condition which, in the nature of things, could not exist; that is, that there is a mental instead of a motor convulsion. It is almost certain that this condition is a post-epileptic phenomenon, where the initial attack is petit mal, which is observed by the mental aberration which follows and is manifested by the automatism or maniacal outbreak. Therefore it is the sequence to the explosion and not its equivalent. In determining how far the epileptic may be responsible for his acts we have to consider not his epilepsy